

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/889223
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		1					65						
16		1					66						
17		3		1			67						
18		3		1			68						
19		3		1			69						
20	1		1				70						
21	1		1	1			71						
22	1		1				72						
23		1		1			73						
24	1		1				74						
25		1		1			75						
26	1		1				76						
27	1		1				77						
28		1		1			78						
29	1			1			79						
30		1		1			80						
31		1		1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		86	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.		↓	25	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			31				TOTAL CLAIMS						